Image# 13940940519 PAGE 1 / 26

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		II All Additionized				Office Us	se Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typin r the lines.	g, type	12FE4	M5	
ACTRIGHT							1
ADDRESS (number and street)	2029 K STREE	T NW SUITE 300					
Check if different							
than previously reported. (ACC)	WASHINGTON	\			DC	20006	<u> </u>
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		(STATE 🛦		ZIP CODE 🛦
C C00488478		3. IS THIS REPORT		EW N) OR	×	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Duo om	Mar 20 (M3)		un 20 (M6)	- 11	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1	(c) 12-D	Apr 20 (M4)		ul 20 (M7)		Oct 20 (M10) eral (12G)	Jan 31 (YE) Runoff (12R)
July 15 Quarterly Report (Q2	PRE-	Election ort for the:	Primary (12P) Convention (cial (128)	nulloli (12h)
October 15 Quarterly Report (Q3			Convention (.20)	Орос	Sidi (120)	
January 31 Year-End Report (YE		Election on	M = M /	D D /	Y I Y I Y	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POS	ay T -Election ort for the:	General (30G	i)	Run	off (30R)	Special (30S)
Termination Report (TER)	Порс	Election on	M = M /	D D /	Y Y Y Y	Y	in the State of
5. Covering Period 03	/ D D /	2013	through	03	/ 31	20	
I certify that I have examined this	s Report and to	the best of my know	wledge and b	elief it is tru	e, correc	t and comple	te.
Type or Print Name of Treasurer	Brian S Brown						
Signature of Treasurer Brian	S Brown		[Electronically	Filed]		06 20	
NOTE: Submission of false, errone	ous, or incomplet	te information may su	bject the pers	on signing th	nis Report	to the penalti	es of 2 U.S.C. §437g.
Office Use Only							FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **ACTRIGHT** 03 2013 03 2013 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3802.26 January 1, 2013 (b) Cash on Hand at 4071.64 Beginning of Reporting Period..... 1030.00 65.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 4136.64 4832.26 6(a) and 6(c) for Column B)..... -1286.84 -591.22 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 5423.48 5423.48 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 48233.93 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ACTRIGHT

I. Receipts	I. Receipts COLUMN A Total This Period		
Contributions (other than loans) From:	10000 1000	Calendar Year-to-Date	
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	0.00	0.00	
(ii) Unitemized	65.00	1030.00	
(iii) TOTAL (add	3,00		
Lines 11(a)(i) and (ii)▶	65.00	1030.00	
(b) Political Ports Committee	0.00	0.00	
(b) Political Party Committees	0.00	3.00	
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry			
Totals to Line 33, page 5)▶	65.00	1030.00	
Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
All Louis Books of	0.00	0.00	
All Loans Received	0.00	0.00	
The Brown of Brown	0.00	0.00	
Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
Refunds of Contributions Made	7 7	7	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts	7		
(Dividends, Interest, etc.)	0.00	0.00	
Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
=			
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	65.00	1030.00	
T. 15 1 15 11		, , , , , , , , , , , , , , , , , , , ,	
Total Federal Receipts	25.22		
(subtract Line 18(c) from Line 19)▶	65.00	1030.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
10.00. 11110 1 01100	Calelidal Teat-10-Date		
0.00	0.00		
0.00	0.00		
0.00	0.00		
587.34	1152.96		
587.34	1152.96		
0.00	0.00		
-1904.18	-1904.18		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
30.00	30.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
7			
30.00	30.00		
0.00	120.00		
0.00	130.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
, , , ,			
0.00	0.00		
-1286.84	-591.22		
-1286.84	-591.22		
	Total This Period 0.00 0.00 587.34 587.34 0.00 -1904.18 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	65.00	1030.00	
4. Total Contribution Refunds (from Line 28(d))	30.00	30.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35.00	1000.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	587.34	1152.96	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	587.34	1152.96	

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 6 OF 2
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oncor only		
	Detailed Summary Page	X 21b 27	22 28a	23 24 25 2 28b 28c 29 3
Any information copied from such Reports and State	mente may not be cold or us			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
$\left ight. ight. ight.$ ACTRIGHT				
Full Name (Last, First, Middle Initial)				
A. Brian S Brown			Date of Dis	sbursement
			M = M /	D D / Y Y Y Y Y
Mailing Address 2029 K Street NW 300			03	05 2013
City	State Zip Code		T	ion ID - CD24D 4204
Washington	DC 20006		Transacti	ion ID : SB21B.4301
Purpose of Disbursement Travel expenses reimbursement		001	Amount of	Each Disbursement this Period
Candidate Name		Category/	73411. 01	
		Type		300.00
Office Sought: House Disburse Senate	ment For:			
President	Primary General Other (specify) ▼			
State: District:	(-			
Full Name (Last, First, Middle Initial)				
В.				sbursement
Mailing Address			M = M /	
City	State Zip Code			
Purpose of Disbursement				
			Amount of	Each Disbursement this Period
Candidate Name		Category/		
Office Sought: House Disburse	ment For:	Type		
Senate Stagnic Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Dis	sbursement
			M M /	
Mailing Address				
City	State Zip Code			
	· 			
Purpose of Disbursement			A was a	Fook Dishuraneset this Dail 1
Candidate Name		Category/	Amount of	Each Disbursement this Period
		Type		, , , , , , , , , , , , , , , , , , , ,
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Carlot (opeony)			
SUBTOTAL of Disbursements This Page (optional).				300.00
TOTAL This David (last rese this line reset or set)	A			300.00
TOTAL This Period (last page this line number only	')			300.00

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SCHEDULE B (FEC Form 3)		FOR LINE	NUMBER: PAGE 7 OF	26
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)	
	Detailed Summary Page	21b	22 X 23 24 25 20 20 20 20 20 20 20 20 20 20 20 20 20	26
		27	28a 28b 28c 29	30b
Any information copied from such Reports ar or for commercial purposes, other than using				· · · · · ·
NAME OF COMMITTEE (In Full)				
$ \hspace{.1cm} angle$ ACTRIGHT				
Full Name (Last, First, Middle Initial)				
A. ALLEN WEST FOR CONGR	ESS		Date of Disbursement	
ALLEN WEST FOR CONGR	E33		M M / D D / Y Y Y Y	
Mailing Address PO BOX 1108			03 29 2013	
City	State Zip Code FL 34995		Transaction ID : SB23.4296	
STUART Purpose of Disbursement	FL 34995			
Check uncashed from 2012 YE		011	Amount of Each Disbursement this Perio	od
Candidate Name		Category/		
Mr. ALLEN B WEST		Type	-33.60	
	Disbursement For: 2012			
Senate	Primary General			
State: FL District: 18	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. BRUNING FOR SENATE IN	CORPORATED		Date of Disbursement	
- BROWING FOR SENATE IN	CONTONATED		M M / D D / Y Y Y Y	
Mailing Address PO BOX 83950			03 29 2013	
City	State Zip Code		Transaction ID : SB23.4248	
LINCOLN	NE 68501		Transaction is . OB23.4240	
Purpose of Disbursement Check uncashed from 2012 M6		011	Amount of Each Disbursement this Perio	nd
Candidate Name			Amount of Each Disbursement this Fend	Ju
JON C BRUNING		Category/ Type	-179.87	
	Disbursement For: 2012	31	,	
∑ Senate	Y Primary General			
President	Other (specify) ▼			
State: NE District: 00				
Full Name (Last, First, Middle Initial)	000000 ATES		Date of Dishursement	
C. BRUNING FOR SENATE IN	CORPORATED		Date of Disbursement	
Mailing Address PO BOX 83950			03 29 2013	
City	State Zip Code		Transaction ID : SB23.4251	
LINCOLN Purpose of Disbursement	NE 68501			
Check uncashed from 2012 M6		011	Amount of Fools District and the B. C.	اد د
Candidate Name			Amount of Each Disbursement this Perio	oa
JON C BRUNING		Category/ Type	-108.47	
Office Sought: House	Disbursement For: 2012			
Senate	Primary General			
President	Other (specify)			
State: NE District: 00				
OUDTOTAL (CS)	a Para a N		-321.94	
SUBTOTAL of Disbursements This Page (or	วนงทลเ)	······	GE 1.04	
TOTAL This Period (last page this line num	ber only)			
	* /			_

	SHEDULE B (FEC Form 3X)	l		FOR LINE I	NUMBER:	PAGE 8 OF 26
TE	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	*	🗆
			Summary Page	21b 27		24 25 26 28c 29 30b
Λn	y information copied from such Reports and Staten	nonte may	not be sold or use			
	for commercial purposes, other than using the nam					
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)					
	ACTRIGHT					
<u>/_</u>						
_	Full Name (Last, First, Middle Initial)		- D		Date of Disbursement	
н.	BRUNING FOR SENATE INCORP	ORATI	ED			
	Mailing Address PO BOX 83950				03 29	2013
	- 9	State	Zip Code		Transaction ID : SB2	23.4252
	LINCOLN Purpose of Disbursement	NE	68501			
	Check uncashed from 2012 M6			011	Amount of Each Disbu	rsement this Period
	Candidate Name			Category/		
	JON C BRUNING			Type	7	-169.53
	-	ment For:	2012			
		Primary	General			
	State: NE District: 00	Other (sp	ecify) $lacktriangleright$			
	State: NE District: 00 Full Name (Last, First, Middle Initial)					
	BRUNING FOR SENATE INCORP		ED		Date of Disbursement	
	BROWING FOR SEIVATE INCOM	OIVAII	LD		M M / D D /	Y
	Mailing Address PO BOX 83950				03 29	2013
	City S LINCOLN	State NE	Zip Code 68501		Transaction ID : SB2	23.4253
	EINOOEN	.,_	00301			
	Purpose of Disbursement					
	Purpose of Disbursement Check uncashed from 2012 M6			011	Amount of Each Disbu	rsement this Period
	Check uncashed from 2012 M6 Candidate Name			011 Category/	Amount of Each Disbu	
-	Check uncashed from 2012 M6 Candidate Name JON C BRUNING				Amount of Each Disbu	rsement this Period
-	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Disburser	ment For:		Category/	Amount of Each Disbu	
-	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Disbursen Senate	Primary	General	Category/	Amount of Each Disbu	
-	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Disburser		General	Category/	Amount of Each Disbu	
	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Senate President Disbursen	Primary	General	Category/	Amount of Each Disbu	
-	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Disbursen Senate President State: NE District: 00	Primary Other (spe	General ecify) ▼	Category/	Amount of Each Disbu	
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP	Primary Other (spe	General ecify) ▼	Category/	Date of Disbursement	-58.44 Y Y Y Y
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Senate President State: NE District: 00 Full Name (Last, First, Middle Initial)	Primary Other (spe	General ecify) ▼	Category/	Date of Disbursement	-58.44
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950	Primary Other (spo	General ecify) ▼	Category/	Date of Disbursement	-58.44 Y Y Y Y 2013
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City LINCOLN	Primary Other (spe	General ecify) ▼	Category/	Date of Disbursement	-58.44 Y Y Y Y 2013
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement	Primary Other (specific contents) ORATI	General ecify) ▼ ED Zip Code	Category/ Type	Date of Disbursement	-58.44 Y Y Y Y 2013
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M7	Primary Other (specific contents) ORATI	General ecify) ▼ ED Zip Code	Category/	Date of Disbursement	-58.44 Y Y Y Y 2013 23.4254
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M7 Candidate Name	Primary Other (specific contents) ORATI	General ecify) ▼ ED Zip Code	Category/ Type 011 Category/	Date of Disbursement M M / 29 Transaction ID: SB2	-58.44 Y Y Y Y 2013 23.4254
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M7 Candidate Name JON C BRUNING	Primary Other (spo	General ecify) ▼ ED Zip Code 68501	Category/ Type	Date of Disbursement M M / 29 Transaction ID: SB2	-58.44 Y Y Y Y Y Y 2013 23.4254 Irsement this Period
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M7 Candidate Name JON C BRUNING	Primary Other (specific contents) ORATI	General ecify) ▼ ED Zip Code 68501	Category/ Type 011 Category/	Date of Disbursement M M / 29 Transaction ID: SB2	-58.44 Y Y Y Y Y Y 2013 23.4254 Irsement this Period
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M7 Candidate Name JON C BRUNING Office Sought: House Disburser	Primary Other (specific points) ORATI State NE	General ecify) ED Zip Code 68501 2012 General	Category/ Type 011 Category/	Date of Disbursement M M / 29 Transaction ID: SB2	-58.44 Y Y Y Y Y Y 2013 23.4254 Irsement this Period
C .	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M7 Candidate Name JON C BRUNING Office Sought: House Senate	Primary Other (spo	General ecify) ED Zip Code 68501 2012 General	Category/ Type 011 Category/	Date of Disbursement M M / 29 Transaction ID: SB2	-58.44 Y Y Y Y Y Y 2013 23.4254 Irsement this Period
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Disbursen Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City State: NE Disbursement Check uncashed from 2012 M7 Candidate Name JON C BRUNING JON C BRUNING Disbursen Senate President Senate President State: NE District: 00	Primary Other (spo	General ecify) ED Zip Code 68501 2012 General ecify) General ecify)	Category/ Type 011 Category/ Type	Date of Disbursement M M / 29 Transaction ID: SB2	23.4254 arsement this Period -74.42
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M7 Candidate Name JON C BRUNING Office Sought: House Senate President Disburser	Primary Other (spo	General ecify) ED Zip Code 68501 2012 General ecify) General ecify)	Category/ Type 011 Category/ Type	Date of Disbursement M M / 29 Transaction ID: SB2	-58.44 Y Y Y Y Y Y 2013 23.4254 Irsement this Period
C.	Check uncashed from 2012 M6 Candidate Name JON C BRUNING Office Sought: House Disbursen Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORP Mailing Address PO BOX 83950 City State: NE Disbursement Check uncashed from 2012 M7 Candidate Name JON C BRUNING JON C BRUNING Disbursen Senate President Senate President State: NE District: 00	Primary Other (spo	General ecify) ED Zip Code 68501 2012 General ecify) General ecify)	Category/ Type 011 Category/ Type	Date of Disbursement M M / 29 Transaction ID: SB2	23.4254 arsement this Period -74.42

T	CHEDULE B (FEC Form 3X)	l		FOR LINE I	NUMBER: PAGE 9 OF 2	6
	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	,	
			Summary Page	21b 27		26 30b
Λn	by information copied from such Reports and Stater	monte may	not be sold or use			-
	for commercial purposes, other than using the nan					
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
	ACTRIGHT					
<u>/_</u>						
_	Full Name (Last, First, Middle Initial)		-D		Date of Disbursement	
н.	BRUNING FOR SENATE INCORF	ORATE	= D			
	Mailing Address PO BOX 83950				03 29 2013	
	- 9	State	Zip Code		Transaction ID : SB23.4255	
	Purpose of Disbursement	NE	68501			
	Check uncashed from 2012 M7			011	Amount of Each Disbursement this Period	
	Candidate Name			Category/		7
	JON C BRUNING			Type	-262.48	J
	-	ment For:	2012			
		Primary	General			
	State: NE District: 00	Other (spe	ecify) 🔻			
	State: NE District: 00 Full Name (Last, First, Middle Initial)					
В.	BRUNING FOR SENATE INCORF		ED		Date of Disbursement	
	BROWING FOR SEINATE INCOM	OIVAII			M = M / D = D / Y = Y = Y	
	Mailing Address PO BOX 83950				03 29 2013	
	<u> </u>					
	City :	State NE	Zip Code 68501		Transaction ID : SB23.4256	
	Purpose of Disbursement		00301			
	Check uncashed from 2012 M7			011	Amount of Each Disbursement this Period	
	Candidate Name			Category/	-154.56	1
	JON C BRUNING			Туре	-134.30	4
		ment For:				
	V Sonato	Drimon				
		Primary Other (spe	General			
	State: NE District: 00	Primary Other (spe				
	President					
	State: NE District: 00	Other (spe	ecify) 🔻		Date of Disbursement	
 C.	State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF	Other (spe	ecify) 🔻		M M / D D / Y Y Y Y	
<u> </u>	State: NE District: 00 Full Name (Last, First, Middle Initial)	Other (spe	ecify) 🔻			
<u> </u>	State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950	Other (spe	ecify) ▼		03 / 29 / 2013	
	State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN	Other (spe	ecify) 🔻		M M / D D / Y Y Y Y	_
	President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement	Other (spe	ecify) ▼ ED Zip Code		03 / 29 / 2013	
C .	President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M8	Other (spe	ecify) ▼ ED Zip Code	011	03 / 29 / 2013	
C .	President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M8 Candidate Name	Other (spe	ecify) ▼ ED Zip Code	Category/	03 / 29 / 2013 Transaction ID : SB23.4260	1
C.	President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M8 Candidate Name JON C BRUNING	Other (spe	ED Zip Code 68501		Transaction ID: SB23.4260 Amount of Each Disbursement this Period]
C.	President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M8 Candidate Name JON C BRUNING	Other (spe	ED Zip Code 68501	Category/	Transaction ID: SB23.4260 Amount of Each Disbursement this Period]
C.	President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M8 Candidate Name JON C BRUNING Office Sought: House Disburser	Other (specific property) State NE ment For:	Zip Code 68501	Category/	Transaction ID: SB23.4260 Amount of Each Disbursement this Period]
C.	President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M8 Candidate Name JON C BRUNING Office Sought: House Senate	Other (specific points) State NE ment For: Primary	Zip Code 68501	Category/	Transaction ID: SB23.4260 Amount of Each Disbursement this Period]
c .	State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M8 Candidate Name JON C BRUNING Office Sought: House President State: NE District: 00	Other (specific points) State NE ment For: Primary Other (specific points)	Zip Code 68501 2012 General ecify) General	Category/ Type	Transaction ID: SB23.4260 Amount of Each Disbursement this Period -9.60]
c .	President State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M8 Candidate Name JON C BRUNING Office Sought: House Senate President	Other (specific points) State NE ment For: Primary Other (specific points)	Zip Code 68501 2012 General ecify) General	Category/ Type	Transaction ID: SB23.4260 Amount of Each Disbursement this Period]
C.	State: NE District: 00 Full Name (Last, First, Middle Initial) BRUNING FOR SENATE INCORF Mailing Address PO BOX 83950 City LINCOLN Purpose of Disbursement Check uncashed from 2012 M8 Candidate Name JON C BRUNING Office Sought: House President State: NE District: 00	Other (specific primary other	Zip Code 68501 2012 General ecify)	Category/ Type	Transaction ID: SB23.4260 Amount of Each Disbursement this Period -9.60]

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 10 OF 2
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 25 28 28c 29
Any information copied from such Reports and State	ments may not be sold or us		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
ACTRIGHT			
Full Name (Last, First, Middle Initial)		1	
A. BRUNING FOR SENATE INCOR	PORATED		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 83950			03 29 2013
City	State Zip Code		
LINCOLN	NE 68501		Transaction ID : SB23.4270
Purpose of Disbursement			
Check uncashed from 2012 M10		011	Amount of Each Disbursement this Period
Candidate Name JON C BRUNING		Category/	-19.20
	ement For: 2012	Туре	7
Senate Signal	Primary General		
President	Other (specify) ▼		
State: NE District: 00	_		
Full Name (Last, First, Middle Initial)			Data of Dishursoms t
B. BRUNING FOR SENATE INCOR	PURATED		Date of Disbursement
Mailing Address PO BOX 83950			03 29 _ 2013 _
City	State Zip Code		Transaction ID : SB23.4284
LINCOLN Purpose of Disbursement	NE 68501		
Check uncashed from 2012 30G		011	Amount of Each Disbursement this Period
Candidate Name		Category/	40.00
JON C BRUNING		Туре	-19.20
	ement For: 2012 Primary General		
President	Other (specify)		
State: NE District: 00	_		
Full Name (Last, First, Middle Initial)			
C. COFFMAN FOR CONGRESS 20	12		Date of Disbursement
Mailing Address 2040 COUTLI BROADWAY "200	F04		03 29 2013
Mailing Address 9249 SOUTH BROADWAY #200	-0U I		03 29 2013
City	State Zip Code		Transaction ID : SB23.4261
HIGHLANDS RANCH	CO 80129		11d113dCtiO11 ID . 3D23.4201
Purpose of Disbursement Check uncashed from 2012 M8		011	Amount of Foots Distriction
Candidate Name			Amount of Each Disbursement this Period
MICHAEL COFFMAN		Category/ Type	-9.60
	ement For: 2012		
Senate	Primary General		
State: CO District: 06	Other (specify) ▼		
State. GO Bistrict. U0			
SUBTOTAL of Disbursements This Page (optional)			-48.00
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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 11 OF 26
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 × 23 24 25 26
		27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) ACTRIGHT			
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF CHAUNCEY GOSS			Date of Disbursement
Mailing Address PO BOX 07298			03 29 2013
,	tate Zip Code		Transaction ID : SB23.4264
FORT MYERS	FL 33919		Transaction ib . 3523.4204
Purpose of Disbursement Check uncashed from 2012 M9		011	Amount of Each Disbursement this Period
CANALINGEY DODTED COCC		Category/	-13.71
CHAUNCEY PORTER GOSS Office Sought: House Disbursen	ant Far: 0040	Туре	
Senate President	ent For: 2012 Primary ∑ General Other (specify) ▼		
State: FL District: 19			
Full Name (Last, First, Middle Initial) B. FRIENDS OF CHAUNCEY GOSS			Date of Disbursement
Mailing Address PO BOX 07298			03 / 29 / 2013
FORT MYERS	tate Zip Code FL 33919		Transaction ID : SB23.4286
Purpose of Disbursement Check uncashed from 2012 30G		011	Amount of Each Disbursement this Period
Candidate Name CHAUNCEY PORTER GOSS		Category/ Type	-9.60
Office Sought:	ent For: 2012		
President	Primary		
State: FL District: 19			
Full Name (Last, First, Middle Initial) C. FRIENDS OF CHAUNCEY GOSS			Date of Disbursement
Mailing Address PO BOX 07298			03 / 29 / 2013
,	tate Zip Code		Transaction ID : SB23.4290
FORT MYERS Purpose of Disbursement Check uncashed from 2012 30G	FL 33919	244	
Candidate Name		011	Amount of Each Disbursement this Period
CHAUNCEY PORTER GOSS		Category/ Type	-3.44
	ent For: 2012	Турс	
Senate President	Primary		
State: FL District: 19			
SUBTOTAL of Disbursements This Page (optional)		>	-26.75

SCHEDULE B (FEC Form 3X)	I lan and and a	\	FOR LINE I	NUMBER:		PAGE	12 0	F 26
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	Detailed Summary		21b 27	22 28a	23 28b	24 28c	25 29	30
Any information copied from such Reports and Staten								
or for commercial purposes, other than using the name	ne and address of ar	ny political	committee to	solicit cor	ntributions	from such of	committe	ee.
NAME OF COMMITTEE (In Full)								
ACTRIGHT								
Full Name (Last, First, Middle Initial)								
A. FRIENDS OF CHAUNCEY GOSS				Date of	Disburser	ment		
-				M = M	/ D		YY	Υ
Mailing Address PO BOX 07298				03	29		2013	
City	State Zip Cod	de						
FORT MYERS	FL 33919			Trans	action ID :	SB23.4291		
Purpose of Disbursement								
Check uncashed from 2012 30G			011	Amount	of Each [Disburseme	nt this P	eriod
Candidate Name CHAUNCEY PORTER GOSS			Category/				-52.	80
	nent For: 2012		Туре		,	,	-	
Senate Sought.	Primary X Ge	eneral						
President	Other (specify) ▼							
State: FL District: 19								
Full Name (Last, First, Middle Initial)							<u> </u>	
B. FRIENDS OF JOHN BOEHNER				Date of	Disburser			
Mailing Address 7000 CINCININATI DAYTON DOA				M = M	/ D = 1		2013	Υ
Mailing Address 7908 CINCINNATI DAYTON ROA SUITE I	U			US	28	نسا ك	2013	
	State Zip Cod	de		Trans	action ID	: SB23.4267	,	
WEST CHESTER	OH 45069			irans	action ID	. 3023.420	,	
Purpose of Disbursement Check uncashed from 2012 M10		I	011	Amount	of Each	Disburseme	nt thic D	oriod
Candidate Name		L		Amount	UI LACII L	opur Serrier	11 UIIS P	enou
JOHN A BOEHNER		'	Category/ Type		- 40		-96.	.00
	nent For: 2012		71: -		ĺ	,		
Senate	Primary Ge	eneral						
President	Other (specify) ▼							
State: OH District: 08								
Full Name (Last, First, Middle Initial)				Data of	Disburser	mant		
C. GEORGE ALLEN FOR US SENAT				M M	/ D		Y	V
Mailing Address 2819 NORTH PARHAM ROAD				03	29		2013	
SUITE 210								
	State Zip Cod	de		Trans	action ID	SB23.4293	3	
RICHMOND Purpose of Disbursement	VA 23294							
Check uncashed from 2012 30G			011	Amount	of Each I	Disburseme	nt thic P	eriod
Candidate Name			Category/	, anount	J. Laon I			
GEORGE ALLEN			Type			-	-25.	20
	nent For: 2012	,						
Senate	Primary Ge	eneral						
State: VA District: 00	Other (specify) ▼							
State. VA District. 00								
SUBTOTAL of Disbursements This Page (optional)							-174.0	00
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TOTAL This Period (last page this line number only)				Ι.	1 (0) 1			

SCHEDULE B (FEC Form 3X)	Han come		FOR LINE N	NUMBER:		PAGE	13 O	F 26
ITEMIZED DISBURSEMENTS		e schedule(s) egory of the	(check only			¬	٦	
		mmary Page	21b 27	22 28a	23 28b	24 28c	25 29	30
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NAME OF COMMITTEE (In Full)	c and addies	or arry pondica	i committee to	SUIIGIT COL	11110110115	nom sucil (Jonninile	, , ,
ACTRIGHT								
Full Name (Last, First, Middle Initial)								
A. HELLER FOR SENATE				Date of	Disbursen		YIYI	Y
Mailing Address PO BOX 371907				03	29		2013	
City	State Z	ip Code		Tucas	notion ID	CD02 4075	<u> </u>	
2.10 1 20.10	NV 8	39137		Trans	action ID :	SB23.4275	1	
Purpose of Disbursement Check uncashed from 2012 12G			011	Amount	of Each [Disbursemer	nt this P	eriod
Candidate Name DEAN HELLER			Category/ Type				-14.	40
	nent For: 201	2	1,400		- 7	7		
Senate	-	X General						
State: NV District: 00	- sier (opeony	′ ▼						
Full Name (Last, First, Middle Initial)								
B. KING FOR CONGRESS				Date of	Disbursen		Y	Υ
Mailing Address 116 N MAIN ST. PO BOX 400				03	29		2013	
EARLY		ip Code 50535		Trans	action ID :	SB23.4278	3	
Purpose of Disbursement Check uncashed from 2012 12G			011	Amount	of Each [Disbursemer	nt this P	eriod
Candidate Name			Category/				-28.	80
Mr. STEVE KING	ont Fore as:		Туре		- 7	7	20.	.50
Senate	nent For: 201 Primary Other (specify	General						
State: IA District: 04								
Full Name (Last, First, Middle Initial) C. KURT BILLS FOR US SENATE					Disbursen			
Mailing Address PO BOX 377				03	29		2013	Y
City	State Z	ip Code		-		OD00 105	,	
ROSEMOUNT		55068		Trans	action ID :	SB23.4287	•	
Purpose of Disbursement Check uncashed from 2012 30G			011	Amount	of Each [Disbursemer	nt this P	eriod
Candidate Name KURT PATRICK BILLS			Category/				-24.	00
	nent For: 201	2	Туре		7	7	1 /	-
Senate	_	X General						
State: MN District: 00								
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).					-	7	-67.:	20

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ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(check only one)		
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NAME	OF COMMITTEE (In Full)				
AC	TRIGHT				
<u></u>	Inne (Look First Middle Inthal)		-		
	lame (Last, First, Middle Initial) CLINTOCK FOR CONGRESS			Date of Disbursement	
· · · IVIC	CLINTOCK FOR CONGRESS			M M / D D /	Y Y Y Y
Mailin	g Address 2150 RIVER PLAZA DR. #150			03 29	2013
<u> </u>		7. 0.			
City	RAMENTO	State Zip Code CA 95833		Transaction ID : SB2	23.4236
	ose of Disbursement	93033			
	ck uncashed from 2012 M5		011	Amount of Each Disbu	rsement this Period
	idate Name		Category/		-300.00
	OMAS MCCLINTOCK		Type	7	-300.00
Office	Sought: House Disburser	nent For: Primary General			
	President	Other (specify)			
State		(1) = 3 / ♥			
	Name (Last, First, Middle Initial)				
B. NE	WT 2012			Date of Disbursement	
NA - 00 -	Address 4504 NODTHER STATE			M M / D D /	2012
	g Address 4501 NORTH FAIRFAX DR SUITE 900			03 29	2013
City	NGTON	State Zip Code VA 22203		Transaction ID : SB2	23.4240
	ose of Disbursement	22203			
Che	ck uncashed from 2011 YE		011	Amount of Each Disbu	rsement this Period
Cand	idate Name		Category/		-24.00
O#:	Cought	nent For	Type		-24.00
Office	Sought: House Disbursen	nent For: Primary General			
		Other (specify)			
State					
	lame (Last, First, Middle Initial)				
c. NE	WT 2012			Date of Disbursement	
Mailin	ng Address 4501 NORTH FAIRFAX DR			03 29	2013
iviaiill	SUITE 900			00 29	2010
City		State Zip Code		Transaction ID : SB2	23 4244
	NGTON ose of Disbursement	VA 22203		Transaction ib . 302	· · · · · · · · · · · · · · · · · · ·
	ck uncashed from 2011 YE		011	Amount of Each Disbu	recoment this Device
Cand	idate Name		Category/	AMOUNT OF EACH DISDU	ii seillelli. Illis Pellod
			Type		-53.35
Office		nent For: 2012			
	Senate X	Primary General			
State	President District: 00	Other (specify) ▼			
State	District: 00				
SURTO	TAL of Disbursements This Page (optional)				-377.35
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TOTAL	This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Lico congrato cohodulo(c)	a\	FOR LINE NUMBER: PAGE 15 OF	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlean orli)	,	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Stat	ements may not be sold or			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
ACTRIGHT				
Full Name (Last, First, Middle Initial)				
A. PETE HEGSETH FOR SENATE			Date of Disbursem	ent
			M M / D D	
Mailing Address PO BOX 270726			03 29	2013
City	State Zip Code			
VADNAIS HEIGHTS	MN 55127		Transaction ID:	SB23.4257
Purpose of Disbursement				
Check uncashed from 2012 M8		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		-19.20
PETE HEGSETH Office Sought: House Disburs	ement For: 2012	Туре		10.20
Senate	Primary Seneral			
President	Other (specify)			
State: MN District: 00				
Full Name (Last, First, Middle Initial)				
B. PETE HEGSETH FOR SENATE			Date of Disbursem	ent
Mailing Address DO DOV 272720			03 29	2013
Mailing Address PO BOX 270726			03 29	2013
City	State Zip Code		Transaction ID :	SR23 4274
VADNAIS HEIGHTS	MN 55127		mansaction iD .	UDLU.TL I T
Purpose of Disbursement Check uncashed from 2012 M10		011	Amount of Each D	isbursement this Period
Candidate Name			Amount of Lacif D	iodai somoni (ilis i enou
PETE HEGSETH		Category/ Type		-19.20
	ement For: 2012	1		
Senate	Primary General			
President District: 00	Other (specify) ▼			
State: MN District: 00				
Full Name (Last, First, Middle Initial) C. PETE HEGSETH FOR SENATE			Date of Disbursem	ent
- I LIL IILGGLIIII ON GLIVATE			M M / D D	
Mailing Address PO BOX 270726			03 29	2013
City	Otata 75 O 1			
City VADNAIS HEIGHTS	State Zip Code MN 55127		Transaction ID :	SB23.4285
Purpose of Disbursement	00121			
Check uncashed from 2012 30G		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		-19.20
PETE HEGSETH Office Sought: House Disburs	oment For: 2042	Туре		-10.20
Office Sought: House Disburs	ement For: 2012 Primary General			
President	Other (specify)			
State: MN District: 00				
SUBTOTAL of Disbursements This Page (optional))	·····		-57.60
TOTAL This Period (last page this line number only	ly)		1	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 16 OF 26
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26
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Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) ACTRIGHT			
Full Name (Last, First, Middle Initial)			
A. RICKPERRY.ORG INC			Date of Disbursement
Mailing Address 228 S WASHINGTON STREET STE 115			03 29 2013
City	State Zip Code		Transaction ID : SB23.4245
ALEXANDRIA	VA 22314		Hallsaction ID . 3B23.4243
Purpose of Disbursement Check uncashed from 2011 YE		011	Amount of Each Disbursement this Period
Candidate Name JAMES R (RICK) PERRY		Category/ Type	-20.71
Office Sought: House Disburser	nent For: 2012 Primary General Other (specify)		
State: District: 00	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. RON DESANTIS FOR CONGRES	S		Date of Disbursement
Mailing Address 2640A MITCHAM DRIVE			03 29 2013
TALLAHASSEE	State Zip Code FL 32308		Transaction ID : SB23.4271
Purpose of Disbursement Check uncashed from 2012 M10		011	Amount of Each Disbursement this Period
Candidate Name RONALD D DESANTIS		Category/ Type	-52.80
Office Sought: House Disburser	ment For: 2012		
Senate	Primary General		
President	Other (specify)		
State: FL District: 06	Other (specify) ▼		
State: FL District: 06 Full Name (Last, First, Middle Initial)	Other (specify) ▼		Date of Disbursement
State: FL District: 06	Other (specify) ▼		Date of Disbursement
State: FL District: 06 Full Name (Last, First, Middle Initial)	Other (specify) ▼		
State: FL District: 06 Full Name (Last, First, Middle Initial) C. WALSH FOR CONGRESS Mailing Address 17250 KNOLL TRAIL #302	Other (specify) ▼ State Zip Code TX 75248		M M / D D / Y Y Y Y
State: FL District: 06 Full Name (Last, First, Middle Initial) C. WALSH FOR CONGRESS Mailing Address 17250 KNOLL TRAIL #302 City	State Zip Code	011	03 / 29 / 2013 Transaction ID : SB23.4281
State: FL District: 06 Full Name (Last, First, Middle Initial) C. WALSH FOR CONGRESS Mailing Address 17250 KNOLL TRAIL #302 City DALLAS Purpose of Disbursement	State Zip Code	011 Category/	03 / 29 / 2013
State: FL District: 06 Full Name (Last, First, Middle Initial) C. WALSH FOR CONGRESS Mailing Address 17250 KNOLL TRAIL #302 City DALLAS Purpose of Disbursement Check uncashed from 2012 30G	State Zip Code	011 Category/ Type	03 / 29 / 2013 Transaction ID : SB23.4281
State: FL District: 06 Full Name (Last, First, Middle Initial) C. WALSH FOR CONGRESS Mailing Address 17250 KNOLL TRAIL #302 City DALLAS Purpose of Disbursement Check uncashed from 2012 30G Candidate Name GEOFFREY F WALSH Office Sought: House Senate President	State Zip Code	Category/	Transaction ID : SB23.4281 Amount of Each Disbursement this Period
State: FL District: 06 Full Name (Last, First, Middle Initial) C. WALSH FOR CONGRESS Mailing Address 17250 KNOLL TRAIL #302 City DALLAS Purpose of Disbursement Check uncashed from 2012 30G Candidate Name GEOFFREY F WALSH Office Sought: House Senate	State Zip Code TX 75248 ment For: 2012 Primary \(\sum \) General	Category/	Transaction ID : SB23.4281 Amount of Each Disbursement this Period
State: FL District: 06 Full Name (Last, First, Middle Initial) C. WALSH FOR CONGRESS Mailing Address 17250 KNOLL TRAIL #302 City DALLAS Purpose of Disbursement Check uncashed from 2012 30G Candidate Name GEOFFREY F WALSH Office Sought: House Senate President	State Zip Code TX 75248 ment For: 2012 Primary General Other (specify)	Category/ Type	Transaction ID : SB23.4281 Amount of Each Disbursement this Period

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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X	10

26

17 OF

NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): August use of mailing address, phone, office ActRight Action Mailing Address 2029 K Street NW Suite 300 City State Zip Code DC Washington 20006 Transaction ID: SD10.4148 Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): September use of address, phone, office ActRight Action Mailing Address 2029 K Street NW Suite 300 City State Zip Code Washington DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD10.4176 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 250.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): October use of mailing address, phone, office ActRight Action Mailing Address 2029 K Street NW Suite 300 Zip Code City State Washington DC 20006 Transaction ID: SD10.4178 Outstanding Balance Beginning This Period 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 250.00 0.00 750.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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26

18 OF

NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): November use of mailing address, phone, ActRight Action office Mailing Address 2029 K Street NW Suite 300 City State Zip Code DC Washington 20006 Transaction ID: SD10.4179 Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): December use of mailing address, phone, ActRight Action office Mailing Address 2029 K Street NW Suite 300 City State Zip Code Washington DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD10.4180 100.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 100.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): February and March reporting and processing ActRight Compliance Services services retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.4181 Outstanding Balance Beginning This Period 2000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2000.00 0.00 2350.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 19 OF
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(check only one)

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26

AME OF COMMITTEE (In Full) ACTRIGHT		
A. Full Name (Last, First, Middle Initial) of Debto ActRight Compliance Services	Nature of Debt (Purpose): April retainer for reporting and processing services	
Mailing Address 209 W Main St		
City State Plainfield	Zip Code IN 46168	_
Outstanding Balance Beginning This Period	IN 46168	Transaction ID : SD10.4190
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
ActRight Compliance Services		May reporting and processsing services retainer
Mailing Address 209 W Main St		
City State Plainfield	Zip Code IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4191
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
C. Full Name (Last, First, Middle Initial) of Debto ActRight Compliance Services	r or Creditor	Nature of Debt (Purpose): May reporting and processing services and June retainer
Mailing Address 209 W Main St		
City Plainfield	State Zip Code IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4192
2748.93	Payment This Period	Outstanding Polance at Class of This Paried
Amount Incurred This Period 0.00	0.00	Outstanding Balance at Close of This Period 2748.93
) SUBTOTALS This Period This Page (optional)	>	4748.93
) TOTALS This Period (last page this line number	only)	
) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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X	10

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20 OF

NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): June reporting and processing services and ActRight Compliance Services July retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.4193 Outstanding Balance Beginning This Period 2767.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2767.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): July reporting and processing services and ActRight Compliance Services August retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4189 2402.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2402.50 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): August reporting and processing services and ActRight Compliance Services September retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.4188 Outstanding Balance Beginning This Period 2631.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2631.00 0.00 7800.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 21
FOR LINE NUMBER: (check only one)

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21 OF

NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): September reporting and processing services ActRight Compliance Services and October retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.4187 Outstanding Balance Beginning This Period 2566.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2566.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): October reporting and processing services and ActRight Compliance Services November retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4186 4241.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4241.50 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): November reporting and processing services ActRight Compliance Services and December retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.4185 Outstanding Balance Beginning This Period 2657.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2657.00 0.00 9464.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 22
FOR LINE NUMBER: (check only one)

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22 OF

NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): December reporting and processing services ActRight Compliance Services and Jan retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 Transaction ID: SD10.4184 Outstanding Balance Beginning This Period 2465.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2465.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): January reporting and processing services and ActRight Compliance Services Feb retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4233 2255.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2255.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Feb reporting and processing/Mar legal and ActRight Compliance Services reporting retainer Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Transaction ID: SD10.4319 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2000.00 2000.00 6720.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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23 OF

NAME OF COMMITTEE (In Full) ACTRIGHT A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): April legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St State Zip Code Plainfield 46168 Transaction ID: SD10.4198 Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): May legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St City State Zip Code Plainfield 46168 IN Outstanding Balance Beginning This Period Transaction ID: SD10.4199 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): June legal services retainer ActRight Legal Foundation Mailing Address 209 W Main St Zip Code City State Plainfield 46168 IN Transaction ID: SD10.4200 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 3000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 24 OF
FOR LINE NUMBER:
(check only one)

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AME OF COMMITTEE (In Full) ACTRIGHT		
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose):
ActRight Legal Foundation		July legal services retainer
Mailing Address 209 W Main St		
City State	Zip Code	
Plainfield	IN 46168	
Outstanding Balance Beginning This Period		Transaction ID: SD10.4201
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
ActRight Legal Foundation		August legal services retainer
Mailing Address 209 W Main St		
City State	Zip Code	
Plainfield	IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4202
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
C. Full Name (Last, First, Middle Initial) of Debte ActRight Legal Foundation	or or Creditor	Nature of Debt (Purpose): September legal services retainer
Mailing Address 209 W Main St		_
City Plainfield	State Zip Code IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4203
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
) SUBTOTALS This Period This Page (optional)		3000.00
) 30BTOTALS THIS PERIOD THIS Page (Optional)		
) TOTALS This Period (last page this line number	r only)	
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 25 OF
FOR LINE NUMBER:
(check only one)

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AME OF COMMITTEE (In Full) ACTRIGHT		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose): October legal services retainer
ActRight Legal Foundation		October legal services retainer
Mailing Address 209 W Main St		
City State	Zip Code	_
Plainfield	IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4204
1000.00		
	Develope This Device	Outstanding Polance at Class of This Posical
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
ActRight Legal Foundation		November legal services retainer
Mailing Address 209 W Main St		
City State	Zip Code	_
Plainfield	IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4205
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
C. Full Name (Last, First, Middle Initial) of Debt ActRight Legal Foundation	or or Creditor	Nature of Debt (Purpose): December legal services retainer
Mailing Address 209 W Main St		
City Plainfield	State Zip Code IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4206
1000.00		
	December This Decise	Outstanding Release at Olega of This Review
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
) SUBTOTALS This Period This Page (optional)	>	3000.00
) TOTALS This Period (last page this line number	or only)	
) TOTAL OUTSTANDING LOANS from Schedule		
) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 26
FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full) ACTRIGHT		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
ActRight Legal Foundation		March legal services retainer
Mailing Address 209 W Main St		
City State	Zip Code	
Plainfield	IN 46168	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4196
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1000.00	0.00	1000.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Barry A Bostrom		Legal services in January
Mailing Address 2524 N 8th Street		_
City State	Zip Code	
Terre Haute	IN 47804	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4194
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00
C. Full Name (Last, First, Middle Initial) of Debte Paul Bothwell	or or Creditor	Nature of Debt (Purpose): Administrative services July 2011 - March 2012
Mailing Address 606 S. Taylor St.		
City Arlington	State Zip Code VA 22204	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4230
5400.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5400.00
) SUBTOTALS This Period This Page (optional)		7400.00
) TOTALS This Period (last page this line number only)		48233.93
) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		0.00
) ADD 2) and 3) and carry forward to appropriate	48233.93	